

**AUSTIN AREA COMPREHENSIVE HIV PLANNING COUNCIL MEETING MINUTES  
TUESDAY, NOVEMBER 6<sup>TH</sup>, 2018**



**AUSTIN AREA COMPREHENSIVE HIV PLANNING COUNCIL  
EXECUTIVE COMMITTEE MEETING MINUTES**

**COMMITTEE MEETING  
TUESDAY, NOVEMBER 6<sup>TH</sup>, 2018**

**The Austin Area Comprehensive HIV Planning Council Executive Committee convened in a committee meeting on Tuesday, November 6<sup>th</sup>, 2018 at City Hall, 301 West 2<sup>nd</sup> Street, Room 2003 in Austin, Texas.**

**Chair Justin Smith called the Board Meeting to order at 6:02 p.m.**

**Council Members in Attendance:**

**Chair Justin Smith, Vice Chair L.J. Smith, Secretary Glenn Crawford, Dale Thele**

**Council Members Absent: None**

**Staff in Attendance: Cassandra DeLeon, Program Manager, Hailey de Anda, Program Supervisor, Halana Kaleel, Administrative Senior, Laura Still, Planner.**

**Administrative Agent: None**

**Presenters: None**

**1. CERTIFICATION OF QUORUM**

Chair Justin Smith established and certified Quorum.

**2. CITIZEN COMMUNICATION**

No Citizen Communication occurred.

**3. INTRODUCTION/ANNOUNCEMENTS**

None at this time.

**4. MEMBERSHIP REVIEW**

a. Emily Loder

i. Recommendation adopting Emily Loder for Planning Council membership was approved on a 4-0 vote.

**5. APPROVAL OF MINUTES**

The minutes from the meeting of October 2, 2018 were approved with no edits.

**6. HIV PLANNING COUNCIL STAFF REPORT**

a. Holiday season schedule Business Tuesday, December 4<sup>th</sup> at Old Thousand

i. Planning Council Members Akeshia Johnson Smothers and Alberto Barragan will not be in attendance for Decembers Business Meeting.

b. Update on promotion of World AIDs Day Proclamation (*Please See Appendix A*).

i. Support Staff Hailey de Anda reviewed the promotion efforts for World AIDS Day Proclamation.

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- Hailey de Anda will follow up with talking points for Chair Justin Smith.
  - ii. Support Staff Laura Still spoke about coordination with Fast Track Cities for the event.
    - Fast Track Cities Calendar of events has been developed for World AIDS Day.
  - iii. Press release will highlight proclamation as well as other events happening in the community.
  - iv. Support Staff Halana Kaleel will follow up with Mayor Staff on promoting the proclamation through the Mayor's social media.
  - v. Committee recommended Community Star Awardees be invited to the proclamation.
  - vi. Committee Member Dale Thele recommended contacting the Austin Chronicle and the Radio Station KXAN for proclamation promotion.
- c. Discuss alternative meeting schedule for January.
  - i. Meetings for January will be pushed back one week due to Executive Committee Meeting falling on a City Holiday.
- d. Review Draft Workplan for 2019 (*Please see Attachment A*).
  - i. Recommendation to create Nominations Committee for Star Awards: Professional and Community.
  - ii. Committee recommended listing Important Dates and Deliverables.
  - iii. Presentation recommendations: Aging and HIV, Health Equity, Community Health Assessment/Community Health Improvement Plan (CHA/CHIP), and Epidemiology Training.

**7. CHAIR REPORT**

- a. Review of Attendance Report
  - i. Committee reviewed Attendance Report.
  - ii. Roger Baltazar told Support Staff he could no longer be a part of Planning Council but never gave a formal resignation.
    - Support Staff will review bylaws for guidance on removal of a member.
- b. Review of Membership Activity Report and Updated Membership Roster (*See Appendix B*).
  - iv. Committee reviewed the Membership Activity Report and Updated Membership Roster.
  - v. Following Boards and Commissions guidance absence not counted if it's not a regularly scheduled meeting.

**8. SUB-COMMITTEE PLANNING CALENDAR**

- a. Month
  - i. No Agendas reviewed at this time.
- b. Annual
  - i. Planning Council Member Barry Waller will become new chair of the Allocations Committee.
  - ii. Dale reappointed to the Executive Committee.
  - iii. Committee reviewed the 2018 Work Plan (*See Attachment B*).

**9. DOCUMENT REVIEW**

- a. Discussion and next steps based on process outlined by Ethics Commission for filing complaints against boards and commissions members (*See Appendix C and D*).
  - i. Process and form will be sent to Administrative Agent and City Attorney for review.
  - ii. Committee recommended adding notary requirement to the document.
  - iii. Committee will review again during January's Executive Committee Meeting.

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**10. Community Star Award (Star Awards)**

- a. Vote to select Community Star Awardee
  - i. Recommendation adopting Mike Linney for the Community Star Award was approved on a 4-0 vote.
- b. Vote to select Professional Star Awardee
  - i. Recommendation adopting Prentiss Douthit for the Professional Star Award was approved on a 4-0 vote.

**11. ADJOURNMENT**

Chair *Justin Smith* adjourned the meeting at 8:59 p.m. without objection.

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**Appendix A**

Promotion efforts for World AIDS Day Proclamation

**Eventbrite for Proclamation:** included in emails and social media posts allows us to get estimation for turnout.

Added to **Fast Tract Cities calendar of events.**

**Save The Date** – emails to PC, Fast Tract Cities and HRAU distribution list – Week of November 5<sup>th</sup>

**Press release** from APH – including proclamation and other local events occurring for World AIDS Day. – November 26<sup>th</sup>.

**Social Media**

- HIV Planning Council – weekly updates starting on the week of November 12<sup>th</sup>
- Fast Tract Cities – Weekly or biweekly posts starting the week of November 12<sup>th</sup>
- APH – post the week of November 26<sup>th</sup>
- Mayor's – post the week of November 26<sup>th</sup>

\* Fast Tract Cities has decided to tag onto the proclamation efforts and reception afterwards. They should help promote the event by sharing their networks and workgroups. They are planning to host a table on the balcony with some Fast Tract Cities giveaways and encourage as many consortium members as possible to attend the signing.

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**Appendix B**

Updated: 10/01/18

**GENERAL MEMBERSHIP CHARACTERISTICS**

- The HIV Planning Council is currently comprised of [14 voting members](#)
- Membership applications received since last report: 0 (1 reapplication form received)
- Membership Interest Forms Received: 4
- Boards and Commissions interest: 0
- There are 15 federally-mandated membership categories
- 4 membership categories are currently vacant.

**RECOMMENDATIONS FOR NEW MEMBERSHIP CATEGORIES**

Of the four vacant positions, I believe three will easily be fill by having members redo their affiliation forms or new members

- Hospital Planning Agencies or health care planning agencies – Dale Thele will join Community Care board
- Grantee under Subpart II of Part C – Emma can represent this category
- Part B – Emily Loder is going through the application process

**VACANT HRSA MEMBERSHIP CATEGORIES:**

- Hospital Planning Agencies or health care planning agencies
- **State government (including the State Medicaid agency)**
- Grantees under Subpart II of Part C
- Agency administrating the program under Part B.

**MEMBERSHIP APPROVALS AND TERMINATIONS**

- Dale Thele has submitted a reapplication
- Consider process for excusing absences for the following members:
  - Adriana Neves
  - Jerry Elrod

**KEY MEMBERSHIP CHARACTERISTICS**

- HRSA requires 1/3 (33%) of Planning Council membership be comprised of consumers who are recipients of Ryan White Part A services. [The current \[unaligned\] consumer membership complies with HRSA requirements for consumers who are individuals without a conflict of interest.](#)
- In accordance with Planning Council bylaws, members who have a conflict of interest, as defined by local, state, and federal statute, may not exceed 1/3 (33%) of the total membership. [The current percentage of membership with a conflict of interest is 21%.](#)

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\*Indicates conflicted members

<b>MEMBER NAME</b>	<b>AFFILIATION</b>	<b>TERM #1</b>	<b>TERM #2</b>	<b>TERM #3</b>
<b>Justin Smith</b>	Brackenridge Hospital	03/31/2013 – 03/31/2015	03/31/2015 – 03/31/2017	03/31/2017 – 03/31/2019
<b>*Emma Sinnott</b>	Community Care Services	12/31/2016 – 12/31/2018	12/31/2018- 12/31/2020	
<b>Glenn Crawford</b>	N/A	5/31/2015 05/31/2017	5/31/2017 05/31/2019	
<b>Dale Thele</b>	N/A	12/31/2016 – 12/31/2018	12/31/2018- 12/31/2020	
<b>LJ Smith</b>	N/A	5/31/2016 – 5/31/2018	5/31/2018- 5/31/2020	
<b>Barry Waller</b>	N/A	4/30/2017 – 4/30/2019		
<b>Akeshia Johnson-Smothers</b>	HIV/STD Prevention Program Manager Communicable Disease Unit	6/30/17- 6/30/19		
<b>*Whitney Bulna</b>	HEI Case Manager with Integral Care.	6/30/2017- 6/30/2019		
<b>Roger Baltazar</b>	N/A	5/31/2018- 5/31/2020		
<b>Adriana Neves</b>	N/A	8/31/2018- 8/31/2020		
<b>Samuel Goings</b>	KIND Clinic	8/31/2018- 8/31/2020		
<b>*Alberto Barragan</b>	ASA	8/31/2018- 8/31/2020		
<b>Jerry Elrod</b>	N/A	8/31/2018- 8/31/2020		
<b>Bart Whittington</b>	G2Z Consulting Group	09/30/2018-09/30/2020		

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**DEMOGRAPHIC SNAPSHOT of PLANNING COUNCIL MEMBERSHIP VS. PLWHA PREVALENCE IN AUSTIN TGA**

The purpose of the chart below is to ensure Planning Council membership is consistent with, but not necessarily mirrors the local PLWHA Profile.

<b>Race/Ethnicity</b>	<b>Planning Council [Voting] Membership</b>	<b>Ryan White Part A and MAI clients in TGA (FY16)</b>	<b>Persons Living with HIV/AIDS in TGA</b>	<b>RATES in TGA* per 100,000</b>
<b>Hispanic</b>	3(21%)	37%	<b>n = 1,587 (30.2%)</b>	<b>264.9</b>
<b>Black</b>	2(14%)	25%	<b>n = 1,142 (21.7%)</b>	<b>896.3</b>
<b>White</b>	9(64%)	35%	<b>n = 2,334 (44.4%)</b>	<b>234.5</b>
<b>Other</b>	---	1%	<b>n = 53 (1.0%)</b>	<b>40.5</b>
<b>Unknown</b>	N/A	<1%	<b>n =138 (2.6%)</b>	<b>N/A</b>
<b>TOTALS:</b>	<b>14 (100%)</b>	<b>N=1939</b>	<b>N = 5,254</b>	<b>283.6</b>
<b>Male</b>	10 (71%)	81%	<b>(85%) n = 4,472</b>	<b>484.5</b>
<b>Female</b>	4 (29%)	18%	<b>(15%) n = 782</b>	<b>84.0</b>
<b>Transgender</b>	0(0%)	1%		

HRSA's expectation and policy is that Planning Council membership is REFLECTIVE OF THE AREA'S HIV/AIDS PREVALENCE.

Source: eHARS 2014 Updated 5/31/2018

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**Appendix C  
HIV Planning Council  
Request for Ethics Review  
Instructions Sheet**

The HIV Planning Council can remove Council Members through the process identified in Bylaws section 3.8. For a member of the public to file a complaint against a Planning Council Member please complete the following steps:

The complaint must be submitted to the Staff Liaison. Once complete all complaints will be provided to Executive Committee for review and determination of appropriate follow-up actions.

A \* indicates a required field.

**Page 1: Contact Information**

Individual Filing Complaint\*: The full name of the individual who is filing the complaint.

Individual Filing Complaint Contact Information\*: The mailing or street address, telephone number and email address of the individual filing the complaint.

Person Complained Against\*: The full name of the individual who is the subject of the complaint.

Person Complained Against Contact Information: The mailing or street address, telephone number and email address of the individual who is the subject of the complaint.

**Page 2: Description of the Complaint**

Type of violation\*: Please identify which of the following has occurred. If the complaint involves allegations of more than one of the listed violation, the filer will need to complete a separate description for each alleged violation.

**(1) ABUSE** means the use of a City office to obtain personal gain or favor from a citizen or other City employee or vendor.

**(2) FRAUD** includes, but is not limited to:

- (a)** the unauthorized use of a City resource for personal gain by deception, including by forgery or by altering a document;
- (b)** the misappropriation of funds, supplies, or other City resources, through methods including, but not limited to theft, embezzlement, or misrepresentation;
- (c)** the intentional improper handling of or reporting of money or a financial transaction;
- (d)** the intentional improper destruction or removal of records or other City resources; or
- (e)** the use of official City information for personal benefit.

Date of Alleged Violation\*: Please list the date of the alleged violation. Clicking on the field will pull up a calendar which can be used to populate the date of the alleged violation.

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Actions Alleged to be a Violation\*: Please provide a description of the alleged violation.

Witnesses or Evidence that would be presented: Please provide a list of witnesses or evidence that may be contacted by the HIV Planning Council.

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**Appendix D**  
HIV Planning Council  
COMPLAINT FORM

NAME OF PERSON(S) FILING COMPLAINT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL

ADDRESS: \_\_\_\_\_

PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH PERSON COMPLAINED AGAINST.

NAME OF PERSON COMPLAINED AGAINST: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER [IF KNOWN]: \_\_\_\_\_ EMAIL

ADDRESS [IF KNOWN]: \_\_\_\_\_

Please identify which of the following has occurred. If the complaint involves allegations of more than one of the listed violation, the filer will need to complete a separate description for each alleged violation.

**(1) ABUSE** means the use of a City office to obtain personal gain or favor from a citizen or other City employee or vendor.

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- (d)** the intentional improper destruction or removal of records or other City resources; or
- (e)** the use of official City information for personal benefit.

PLEASE LIST EACH ALLEGED VIOLATION OF THE ABOVE ITEMS SEPARATELY USING THE FOLLOWING PAGE. COMPLETE AS MANY COMPLAINT FORMS AS NEEDED FOR EACH ALLEGED VIOLATION.

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ALLEGED VIOLATED: \_\_\_\_\_ DATE

OF ALLEGED VIOLATION: \_\_\_\_\_

ACTIONS ALLEGED TO BE A VIOLATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT INFORMATION OF ANY PERSON(S), OTHER THAN THE PERSON COMPLAINED AGAINST, WHO IS IDENTIFIED BY NAME ABOVE OR IN ANY ATTACHMENTS AS INVOLVED IN THE ALLEGED INAPPROPRIATE CONDUCT: (Leave blank if inapplicable.)

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

NAME: \_\_\_\_\_ MAILING

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_